

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
011664 991	9-19-00
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	/					
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TOTAL NO.	8		3			
TOTAL DEP.	29	→	28	→		
TOTAL CLAIMS	37	→	34	→		

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IND.	DEP.	IND.
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TOTAL IND.		→
TOTAL DEP.		→
TOTAL CLAIMS		→